

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

INSITUFORM TECHNOLOGIES, INC.,

Plaintiff,

v.

AMERICAN HOME ASSURANCE COMPANY,

Defendant.

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Case No. 04 10487 GAO

***EXHIBIT B* TO SUPPLEMENTAL AFFIDAVIT OF ROBERT KELLEY**

End of Exhibits

AO-80195880

80195880

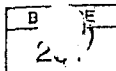


EXHIBIT B

51-44
119

PAGE 1 of 2

DATE OF CHECK	CLAIM NO.
12/13/04	P 220-071010-01

VOID IF NOT PRESENTED WITHIN 6 MONTHS FROM ABOVE DATE

PAY TO THE ORDER OF

INSITUFORM TECHNOLOGIES INC
702 SPIRIT 40 PARK DRIVE
CHESTERFIELD, MO 63005
US

PAY	\$650000.00**
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Carol Malon
Michelle Y. Hausman
TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000

Fleet Bank
Hartford, CT

NOT VALID IN EXCESS OF \$650000.00**

⑈80195880⑈ ⑈011900445⑈

67589⑈

CLAIM OFFICE ADDRESS:

70 EAST SUNRISE HWY
VALLEY STREAM, NY 11581
CONTACT: SWEENEY, E
PHONE: 516-593-8200 EXT 2502

INSURED NAME:

INSITUFORM TECHNOLOGIES INC

CLAIMANT NAME:

MASSACHUSETTS WATER RESOURCE AUTHORITY



ACCIDENT DATE:

10/02/2003

CHECK NUMBER:

80195880

ISSUE DATE:

12/13/2004

CLAIM NUMBER:

P 220-071010-01

POLICY NUMBER:

RG2641004218033747

INSURED OPERATOR:

COV	SERVICE	CHARGE	ADJUST	PAYD
TYPES	PROVIDER	FROM - THRU	CODE	AMOUNT
OPPD	INSITUFORM	12/13/2004		650000.00

PAYMENT SENT TO:
INSITUFORM TECHNOLOGIES INC

SUB TOTAL 1	650000.00
DEDUCTIBLE	0.00
SUB TOTAL 2	650000.00
WITHHOLDING TAX	0.00
CHECK AMOUNT	650000.00

COVERAGE TYPES

OPPD: OPERATIONS - PD

ADJUSTMENT CODE NOTES

EOP NOTES

ATTN: CAROL MALON - DIRECTOR OF TREASURY - FULL PAYMENT OF OUR
POLICY LIMITS ON THE BOSTON LINER CLAIM.

GL 12/14/04

AO-80194277

80194240

B. CODE

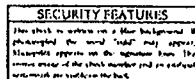
281

Liberty
MutualEXHIBIT B
PAGE 2 of 251-
11

DATE OF CHECK	CLAIM NO.
09/24/04	P 220-071010-01

VOID IF NOT PRESENTED WITHIN 6 MONTHS FROM ABOVE DATE
PAY TO THE ORDER OFINSITUFORM TECHNOLOGIES INC
702 SPIRIT 40 PARK DRIVE
CHESTERFIELD, MO 63005
US

PAY \$350000.00**

 TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS \$10,000
Fleet Bank
Hartford, CT

NOT VALID IN EXCESS OF \$350000.00**

⑈80194240⑈ ⑆011900445⑆

67589⑈

CLAIM OFFICE ADDRESS:

70 EAST SUNRISE HWY
VALLEY STREAM, NY 11581
CONTACT: SWEENEY, E
PHONE: 516-593-8200 EXT 2502
INSURED NAME:INSITUFORM TECHNOLOGIES INC
CLAIMANT NAME:

MASSACHUSETTS WATER RESOURCE AUTHORITY

COV
TYPES PROVIDER SERVICE
FROM - THRU

OPPD

09/24/2004

Liberty
Mutual

ACCIDENT DATE:

10/02/2003

CHECK NUMBER:

80194240

ISSUE DATE:

09/24/2004

CLAIM NUMBER:

P 220-071010-01

POLICY NUMBER:

RG2641004218033747

INSURED OPERATOR:

CHARGE	ADJUST CODE	PAID AMOUNT
350000.00		350000.00

PAYMENT SENT TO:
INSITUFORM TECHNOLOGIES INC

SUB TOTAL 1	350000.00
DEDUCTIBLE	0.00
SUB TOTAL 2	350000.00
WITHHOLDING TAX	0.00
CHECK AMOUNT	350000.00

OPPD: OPERATIONS - PD

COVERAGE TYPES

ADJUSTMENT CODE NOTES

900.1998

G/L 9/28/04

FOP NOTES
SETTLEMENT ADVANCE ON THE BOSTON LINER CLAIM.